

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14257

State File No. 2222

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City,</u>		c. LENGTH OF STAY (In this place) <u>14 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		<u>8150</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Marys Rest Home</u> <u>3215 Campbell St. K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>331 N. 20 St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Herman</u>		b. (Middle) <u>Beechman</u>		c. (Last) <u>Horstmann</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 30, 1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific R.R.</u>		9. AGE (In years last birthday) <u>80</u>		11. BIRTHPLACE (State or foreign country) <u>Walcott, Kansas</u>	
13a. FATHER'S NAME <u>John Horstmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Beechman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lizzie Horstmann</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lizzie Horstmann</u>		ADDRESS <u>Kansas City, Kans.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>as above</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intermedullary heart disease</u> <u>5 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-1-43</u> , 19 <u>43</u> , to <u>4-27-53</u> , that I last saw the deceased alive on <u>4-27-53</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Graham Owens</u>		(Degree or Title) <u>M.D.</u>		23b. ADDRESS <u>906 Grand RCMo.</u>		23c. DATE SIGNED <u>4-28-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>Echternacht FUNERAL HOME</u> <u>1318 OLINDARO BLVD.</u> <u>KANSAS CITY 2, KANSAS</u>			

VS FEB 9 1954

VS FEB 9 1954

11-21-54
Blair
9-11-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wm. J. Z. Cattermole*

Licensed Embalmer No. 3035

P. O. Address 1318 Quindus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

St. Louis City Mo.

If this body is not embalmed, fact should be so stated above.